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## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

59964864

| ,,,   |  |   |                |                              |                              |  |            |                     | 0 107804               |    |                       |                        |  |
|---|--|---|----------------|------------------------------|------------------------------|--|------------|---------------------|------------------------|----|-----------------------|------------------------|--|
|   |  | CLAIMS AS                                 | (Column 1)     |                              | (Column 2)                   |  |            | SMALL EN            | VIIIY                  | OR | OTHER<br>SMALL        |                        |  |
| TOTAL CLAIMS  |  |   | 2              |                              |                              |  |            | RATE                | FEE                    | 1  | RATE                  | FEE                    |  |
| FOR   |  |   | NUMBER FILED   |                              | NUMBER EXTRA                 |  |            | BASIC FEE           | 355.00                 | OR | BASIC FEE             | 710.00                 |  |
| то  | TAL CHARGEA                                    | BLE CLAIMS                                | 3 minus 20=    |                              | •                            |  |            | X\$ 9=              |                        | OR | X\$18=                | 1                      |  |
| INDEPENDENT CLAIMS  |  |   | ) minus 3 =    |                              | -                            |  |            | X40=                |                        | OR | X80=                  |                        |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT         |                              |                              |  |            | +135=               |                        | OR | +270=                 |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |                |                              |                              |  | TOTAL      |                     | OR                     |    | 210                   |                        |  |
| 8/20/0 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                   |  |   |                |                              |                              |  | <u>)</u>   | SMALL               | ENTITY                 | OR | OTHER<br>SMALL I      |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVI<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA                             |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                  | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 18                                      | Minus          | 2                            |                              | =  | ]          | X\$ 9=              |                        | OR | X\$18=                |                        |  |
| AME   | Independent                                    | NTATION OF M                              | Minus          | eee )                        |                              | <u>                                     </u> | 4          | X40=                |                        | OR | X80=                  |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                |                              |                              |  |            | +135=               |                        | OR | +270=                 | _                      |  |
|   |  |   |                |                              |                              |  |            | TOTAL               |                        | OR | TOTAL<br>ADDIT, FEE   |                        |  |
|   |  | (Column 1)                                |                |                              | ADDIT. FEE                   |  | 8          | AUUII. FEE          |                        |    |                       |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | 7              | NUM<br>PREVI                 | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             | <u>]</u> [ | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                  | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus          | **                           |                              | 8  | brack      | X\$ 9=              |                        | OR | X\$18=                |                        |  |
|   | Independent                                    | •.  | Minus          | ***                          |                              | -  |            | X40=                |                        | OR | X80=                  |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPEND          |   |                |                              | CLAIM                        |  |            | +135=               |                        | OR | +270=                 |                        |  |
|   |  | •   |                |                              |                              |  |            | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT, FEE   |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |                |                              |                              |  |            |                     |                        |    |                       |                        |  |
| AMENDMENT C   | ·  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | PREVI                        | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA                             |            | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                  | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus          | ••                           |                              | =  | ┧╏         | X\$ 9=              |                        | OR | X\$18=                | ï                      |  |
|   | Independent                                    | •   | Minus          | ***                          | <b>.</b>                     | -  | ┧┃         | X40=                |                        | OR | X80=                  |                        |  |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                |                              |                              |  |            | +135=               |                        | OR | +270=                 |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                |                              |                              |  |            |                     |                        |    |                       |                        |  |
| ***   | If the "Highest Nu                             | mber Previously Pa<br>mber Previously Pa  | aid For IN THI | S SPACE                      | is less tha                  | an 3, enter "3."                             | , -        | ADDIT. FEE I        | propriate bo           | 5  | ADDIT. FEE<br>lumn 1. |                        |  |